SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL								
OMB Number:	3235-0076							
Expires:								
Estimated averag	e burden							
hours per respons								

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SEC USE ONLY							
Prefix		Serial					
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DA	TE RECEIVE	ED					

Name of Offering ( bleck if this is an amendment and name has changed, and indicate change.)	4	
Filing Under (Check box(es) that apply):	ULOE	Hill Dill to the same
Type of Filing: New Filing Amendment		
A. BASIC IDENTIFICATION DATA		
1. Enter the information requested about the issuer		07047459
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)		
HOMELAND SAFETY INTERNATIONAL, INC		
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Numbe	er (Including Area Code)
5215 MORTH O'CONNOR BLVD, IRVING TEXAS 75039	972-869	8-9102
Address of Principal Business Operations (Number and Street, City, State, Zip Code)		per (Including Area Code)
(if different from Executive Offices)	7/19	4
Brief Description of Business		
A BRIKEL OF HOMELAND SECURITY PRODUCTS AROUND Type of Business Organization	THE WOR	ROCESSED
corporation   limited partnership, already formed   other (p	lease specify):	MOCESSED
Month Year  Actual or Estimated Date of Incorporation or Organization:     Month Year		MAR 1 9 2007
CN for Canada; FN for other foreign jurisdiction)		THOMSON
GENERAL INSTRUCTIONS		2 ITO ENCEDE

### Federal:

FORM D

RECEIVED

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### Stäte:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
• Each promoter of the issuer, if the issuer has been organized within the past five years;
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issue
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
• Each general and managing partner of partnership issuers.
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
TASC INTERNATIONAL, LTD Full Name (Last name first, if individual)
1213 STRAIT STREET, VALETTA MALTA Business or Residence Address (Number and Street, City, State, Zip Code)
Business of Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
PHOENIX ACQUISTIDNS LIMITED  Full Name (Last name first, if individual)  Managing Partner
_
Po Box, 556 MAIN ST, CNARLESTON, NEVIS  Business or Residence Address (Number and Street, Olty, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
PAUL B. JOHNSON  Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Business or Residence Address (Number and Street, City, State, Zip Code)
Thuink Tx 76039  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(cs) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
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Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

			<del>-</del>		В. І	NFORMAT	ION ABOU	T OFFERI	ING				
1.	Has the	issuer sol	d or does t	he issuer i	ntend to se	ell to none	accredited i	investore i	n this offer	ina?		Yes	No
•	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								L.	₽			
2.	•									\$ 17	0000		
					55 450	prod mom	any marri			•••••	***************************************	Yes	No
3.											•••••		×
4.	lf a pers or state	ssion or sim son to be lis s, list the n	ilar remune sted is an as	eration for a sociated pe proker or d	solicitatior erson or ag ealer. If m	of purchas ent of a bro ore than fiv	ers in conn ker or deale e (5) perso	ection with er registered ns to be list	sales of se d with the s ted are asso	curities in t SEC and/or	lirectly, any the offering. with a state sons of such		
Full			first, if ind	lividual)									
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Jus	n ) A	Residence	Addiess (1	vumber am	u Sileei, C	ny, State, 2	sip Couc)						
Nan		sociated B	roker or De	aler					<u> </u>	<u>-</u> .			<del></del> -
	N/A												
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Nan		sociated Bi	oker or De	aler							<del></del> -		
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	(Check	"All States	s" or check	individual	States)			***************************************			•••••	☐ AI	l States
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Full	Name (	Last name	first, if ind	ividual)									<del></del>
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Busi			Address (?	Number an	d Street, C	ity, State,	Zip Code)						
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nan	ie of Ass		oker or De	aler									
State			Listed Has	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)	••••••			•••••			☐ All	States
	AL IL MT RI	AK IN NE SC	AZ [A] NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	OK	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

l.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt		
	Equity	s 1,000,00	08 670,000
	Common Preferred		•
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number	Aggregate Dollar Amount
		Investors	of Purchases
	Accredited Investors		s 670,003
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		<u>ه ٥ رو / ٥     </u> \$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	The state of the s	Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		s 670,000
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		s 10,000
	Accounting Fees		s
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)	_	\$
	Other Expenses (identify)	_	\$
	Total	_	s 0.00

_	Signature  NOM GLAND SAFETY INTERNATIONAL, INC. Signature	Da		
sig he	ne issuer has duly caused this notice to be signed by the undersigned duly authorized gnature constitutes an undertaking by the issuer to furnish to the U.S. Securities an e information furnished by the issuer to any non-accredited investor pursuant to prove (Print on Type)	d Exchange Commissi paragraph (b)(2) of Ru	on, upon writte le 502.	
_	D. FEDERAL SIGNATU			
	Total Payments Listed (column totals added)		☐ \$ <u>0.</u>	00 660,000
	Column Totals			
			\$	\$
	Other (specify):		\$	. 🗆 \$
	Working capital		\$ 342,00	0 [ \$ <u>3 ) 8, 0 </u>
	Repayment of indebtedness		\$	
	Acquisition of other businesses (including the value of securities involved in to offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		\$	. `\$
	Construction or leasing of plant buildings and facilities		\$	\$
	Purchase, rental or leasing and installation of machinery and equipment		<b>s</b>	. <b>S</b>
	Purchase of real estate		\$	
	Salaries and fees		Directors, & Affiliates	Payments to Others
			Payments to Officers,	
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proceed of the purposes shown. If the amount for any purpose is not known, furne check the box to the left of the estimate. The total of the payments listed must equip proceeds to the issuer set forth in response to Part C — Question 4.b above.	ish an estimate and		
5.				\$_660,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

— ATTENTION ——

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

STA			

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification

Yes No provisions of such rule?

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)		Signature	Date
HOMELAND	SAFETY INTL, INC	Sauls atmen	3-2-07
Name (Print or Type)	,	Title (Print or Type)	
PAUL B.	DOINNEON	PRESIDENT	

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## APPENDIX 2 3 4 l Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors **Investors** Amount Yes No Amount ΑL ΑK ΑZ AR $\mathbf{C}\mathbf{A}$ $\mathbf{CO}$ CTDE DC FL GA HI ID IL IN IA KS KY LA ME MD MA ΜI Common 40,000 7 MN STOCK MS

## **APPENDIX** 2 3 4 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No **Investors** Amount **Investors** Yes Amount No MO MT NE 630,000 COMMON NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TXUT VT٧A $\mathbf{W}\mathbf{A}$ wvWI

				APP	ENDIX								
l		2	3		4								
	to non-a	i to sell accredited as in State a-ltem 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and e amount purchased in State		amount purchased in State				Type of investor and expl amount purchased in State wais		under St (if yes, explan waiver	lification ate ULOE , attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No				
WY													
PR													